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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**


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First Named Inventor:	Michael Fantuzzi	
Application No.:	10/674,268	Confirmation No.: 9513
Filing Date:	September 29, 2003	Examiner: Kosson, Rosanne
Title:	Solubilized CoQ-10	Group Art Unit: 1652

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**NOTICE OF APPEAL TO THE  
BOARD OF PATENT APPEALS AND INTERFERENCES**

**Mail Stop AF**

Commissioner for Patents

P. O. Box 1450

Alexandria, Virginia 22313-1450

Dear Sir:

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner. The appeal is made from claims 2, 3 and 6 through 13. The right to request an oral hearing is reserved.

The fee for this Notice of Appeal is (37 CFR § 1.17(b))		\$270.00
<input checked="" type="checkbox"/>	Applicant claims small entity status. See 37 CFR § 1.27. Therefore, the fee shown above is reduced by half, and the resulting fee is:	\$270.00
<input type="checkbox"/>	A check in the amount of the fee is enclosed.	
<input type="checkbox"/>	Payment by credit card. Form PTO-2038 is attached.	
<input checked="" type="checkbox"/>	The Commissioner is hereby authorized to charge the fees in this application to Deposit Account No. 04-1420.	
<input checked="" type="checkbox"/>	This Notice of Appeal is being submitted on or before October 10, 2008, with the required fee of \$270.00, making this a timely response. Please charge our Deposit Account No. 04-1420 in the amount of \$270.00 for the Notice of Appeal fee. It is believed that no additional fees are due in connection with this filing. However, the Commissioner is authorized to charge any additional fees, including extension fees or other relief, which may be required, or credit any overpayment and notify us of same, to Deposit Account No. 04-1420.	
<b><i>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</i></b>		
I am the		

<input type="checkbox"/>	applicant/inventor.	Signature
<input checked="" type="checkbox"/>	attorney or agent of record.	<u>Colin L. Fairman, Esq.</u> Typed or Printed Name
<input type="checkbox"/>	attorney or agent acting under 37 CFR § 1.34(a). (Insert Reg. No.)	Reg. No. (if applicable)
<input type="checkbox"/>	assignee of record of the entire interest. See 37 CFR § 3.71. <b>Statement under 37 CFR § 3.73(b) is enclosed.</b> (Form PTO/SB/96)	Date
<p><i>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</i></p>		
<input type="checkbox"/>	*Total of      forms are submitted.	

Respectfully submitted,

DORSEY &amp; WHITNEY LLP

Customer Number 25763

By: 

Colin L. Fairman, Reg. No. 51,663  
(612) 492-6864

Date: October 10, 2008